

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MESAY</i>		<i>10-19-0</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>cy</i>	<i>1122 49</i>	<i>11/19/01</i>
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	<i>1/1/01</i>
2	<i>✓</i>
3	<i>✓</i>
4	<i>✗</i>
5	<i>0</i>
6	<i>0</i>
7	<i>0</i>
8	<i>0</i>
9	<i>✓</i>
10	<i>✓</i>
11	<i>✓</i>
12	<i>✓</i>
13	<i>✓</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here